

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee LOUISIANA ACADEMY OF MEDICAL PSYCHOLOGISTS 101 Park Rowe Avenue Ste. 200 Baton Rouge, LA 70810 Check If: New Committee _____	2. Date of this Statement <div style="text-align: right;">3/9/2010</div>	Report Number: 19543 Date Filed: 3/9/2010									
	3. Estimated Membership <div style="text-align: right;">30</div>										
	4. Amended Statement? <div style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>										
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>DR. ROBERT DAVIS PHD MP</td> <td>Chairperson</td> <td>740 Colonial Drive Baton Rouge, LA 70806</td> </tr> <tr> <td>DR. DR. GLENN ALLY PHD MP</td> <td>Treasurer</td> <td>155 Hospital Drive Ste. 200 Lafayette, LA 70503</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	DR. ROBERT DAVIS PHD MP	Chairperson	740 Colonial Drive Baton Rouge, LA 70806	DR. DR. GLENN ALLY PHD MP	Treasurer	155 Hospital Drive Ste. 200 Lafayette, LA 70503
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6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 34%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2">On attached sheet</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate	c. Office Sought by the Candidate										
9. a. Name of Person Preparing Report GAY COURSON b. Daytime Telephone											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>9th</u> day of <u>March</u> , <u>2010</u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Dr. Robert Davis PhD MP</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top;"> <u>225-216-9422</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> <u>Dr. Glenn Ally PhD MP</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: top;"> _____ Daytime Telephone </td> </tr> </table>			<u>Dr. Robert Davis PhD MP</u> Signature of Committee/Chairperson	<u>225-216-9422</u> Daytime Telephone	<u>Dr. Glenn Ally PhD MP</u> Signature of Committee Treasurer, if any	_____ Daytime Telephone					
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a. Name

b. Address

CHASE BANK

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